

APPELLATE BUDGET FORM

Matter No:		Matter Caption:	
Institution No: <input type="checkbox"/> Bank <input type="checkbox"/> Thrift		Firm Name:	
PART I: APPELLATE BUDGET INFORMATION			
Attorneys' fees: <input type="checkbox"/> Hourly Rate <input type="checkbox"/> Fixed Fee (\$ _____) <input type="checkbox"/> TOA Fee (\$ _____) <input type="checkbox"/> Contingent Fee (____ % of \$ _____)		ESTIMATED RECOVERY VALUE: \$ _____ ESTIMATED JUDGMENT AMOUNT: \$ _____ ESTIMATED JUDGMENT PROBABILITY: _____%	
ACTION	FEES	EXPENSES	TOTAL
Bond			
Notice of Appeal and Docketing			
Appellate Court Briefs & Replies (including Research, Drafting and Argument)			
Motions			
Other (Specify):			
Estimated Hours For Completion _____			
ESTIMATED COMPLETION DATE (MM/DD/YY) : ____/____/____			
GRAND TOTAL OF APPELLATE BUDGET			
PART II: LAW FIRM BUDGET ACKNOWLEDGMENT			
I acknowledge that the budget information contained herein is correct to the best of my knowledge and written approval of the Legal Division is required for any increase in the total budget amount.			
Authorized Law Firm Signature: _____		Date: ____/____/____	
Print/Type Name and Title of Above: _____			
Telephone: () _____		FAX: () _____	
PART III: BUDGET AUTHORIZATION FOR OUTSIDE COUNSEL TO PROCEED			
FDIC Legal Division Approval			
FDIC Attorney (recommending approval of budget): _____		Date Budget Approved: ____/____/____	
Signature of Delegated Authority: _____		Date Budget Approved: ____/____/____	